

CNA RENEWAL INSTRUCTIONS

RENEWAL SCHEDULE: Certified Nursing Assistant's (CNA's) are required to renew nursing assistant certification every 2 years on the CNA's birth date. It is the responsibility of the CNA to keep her/his address current with the Board. Applicants must have worked, doing nursing assistant duties for a minimum of 160 hours within the past 2 years.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION: Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona. All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list A & B for specific documentation required.

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1646(B), the Board shall revoke a Nursing Assistant Certification if the applicant for recertification has one or more felony convictions that have not previously been disclosed to the Board and the applicant has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application for recertification. If you have been convicted of a felony since the date you were last recertified, your application will not be processed, and proceedings for revocation of your nursing assistant certification shall be instituted by the Board. Any fees submitted will not be refunded.

FEES:

- All fees can be paid by money order or personal check and made payable to the Arizona State Board of Nursing
- **ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS**
- **Document Fee:** The CNA document (a wallet size, pink colored paper certificate) is **OPTIONAL**. If you request an optional document, the fee is **\$25.00**. The document will **only** be issued when requested and when the applicable fee is received. (See selection box on renewal form.)
IF FEE IS NOT INCLUDED, THE BOARD WILL ASSUME YOU DID NOT REQUEST A DOCUMENT.
- **If your renewal is late**, all fees submitted will be applied to the late fee before they can be applied to the document fee.
- **Late Fee:** If you have worked as a CNA on an expired certificate, a ten-dollar (\$10.00) late fee **per year** will be charged. A late fee is not needed if you
have not worked on an expired CNA certificate.
- All renewals that are returned to the Board because of an incorrect address will be fined \$5.00.
- **ALL FEES ARE NON REFUNDABLE.** There is a \$50.00 fee for all checks returned for insufficient funds.

TIME FRAMES FOR CERTIFICATION: For the purposes of these time frames, the Board is required to process applications for nursing assistant certification and recertification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: This is a request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAMES

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
CNA Renewal (WITHOUT INVESTIGATION)	R4-19-809	120 days	30 days	270 days	90 days	150 days
CNA Renewal (WITH INVESTIGATION)	R4-19-809	270 days	30 days	270 days	240 days	150 days

For more information, regarding the time frames for nursing assistant recertification, consult A.A.C. RC-19-102. For assistance with the application process, contact **Rhonda Rogers at (602) 889-5188**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant recertification, you must submit a new application and applicable fees.

To obtain an application for
CNA RENEWAL
go to our Website and download an application.
www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: arizona@azbn.gov



CNA Renewal Applicant

SAVE YOURSELF TIME
AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

- ☐ Your application is in black ink
- ☐ You have enclosed documentation for citizenship/nationality/alien status.
- ☐ You entered name changes: Complete the second section on page 1 only if you changed your name
- ☐ **If your name changed, please include a “**copy**” of an official document showing your **previous** name (i.e. birth certificate, social security card, diploma from school and a “**copy**” of an official document showing your **new** name (i.e. marriage license, divorce decree, driver’s license, social security card)**
- ☐ \$25 **Optional Renewal fee** (if you want the wallet-size pink colored paper certificate)
- ☐ You have enclosed Invalid License/Certificate Questionnaire (Page 4 of packet) **ONLY** if you have **WORKED** on an expired certificate.
- ☐ \$10 **Late fee** per year, if you have **WORKED** as a CNA on an expired certificate.
- ☐ \$5 **Fee** for an address change that you have **not reported** within 30 days.
- ☐ You signed & enclosed a check pre-printed with your name & address or money order for the correct fee.
- ☐ You answered ALL QUESTIONS.
- ☐ You signed the application.

Read the instructions for more details on these reminders.

Thank you!

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		



Arizona State Board of Nursing

4747 North 7th Street, Suite 200
Phoenix AZ 85014-3653
Phone (602) 889-5150 Fax (602) 889-5155
E-Mail: arizona@azbn.org
Home Page: <http://www.azbn.gov>

TO: All licensed/certified persons renewing late
FROM: Joey Ridenour, RN, MN, Executive Director
SUBJECT: **POSSIBILITY OF WORKING ON AN INVALID LICENSE/CERTIFICATE**

You recently submitted your application for renewal of your license/certificate. A review of your application indicates you may have worked on a lapsed license/certificate. According to A.R.S. §32-1666 (A) (1): "It is unlawful for a person not licensed under this chapter or not holding temporary license to: Practice or offer to practice professional or practical nursing in this state". According to A.R.S. §32-1649: "Only a person who is currently certified by the board to practice as a nursing assistant shall use the title "certified nursing assistant" and the abbreviation "CNA"."

The attached questionnaire must be completed and returned two weeks from the date of receipt. If it is found that you inadvertently or otherwise worked on a lapsed license/certificate, the Board may order me to offer you a consent agreement for an administrative penalty in addition to the late renewal fee. The schedule of the penalty fee is below.

In filling out the questionnaire, you are asked whether or not you worked in a position requiring licensure/certification during the time of the licensure lapse. For nurses, this may include positions that do not include "hands-on" nursing, such as a management position, quality assurance, etc. If you have any doubt, please refer to your original job description to verify educational and licensure requirements.

In marking "NO", please be aware that job descriptions and time card records may be subpoenaed.

If you have any further questions or concerns, please contact Vicky Driver, Administrative Assistant, at (602) 889-5162.

RN/LPN SCHEDULE

CNA SCHEDULE

MONTHS	AMT OF ADMINISTRATIVE PENALTY	REFERRAL OF EMPLOYER TO DHS	NO. OF MONTHS UNCERTIFIED	AMT OF ADMINISTRATIVE FINE	REFERRAL OF EMPLOYER TO DHS
1-2	100.00	NO	1-2	25.00	NO
3-4	100.00	YES	3-4	25.00	YES
5-8	200.00	YES	5-8	50.00	YES
9-12	300.00	YES	9-13	75.00	YES
13 OR MORE	500.00	YES			



Janet Napolitano
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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INVALID LICENSE/CERTIFICATE QUESTIONNAIRE

RN/LPN License # / CNA Certificate # _____

Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

Telephone: (____) _____ Social Security #: _____

Did you work as a RN or LPN or CNA on your Arizona license/certificate while your Arizona license/certificate was lapsed/expired? (Examples: RN/LPNs - If your license was due for renewal on 6/30/07, did you work after 11/1/07 (actual date of expiration) on that license? CNAs – If your certificate was due for renewal on 3/31/07, did you work after 3/31/07 on that certificate?)

If your job description requires you to be licensed/certified, or if you present yourself to the public as a RN/LPN/CNA in any way at your place of employment, (i.e. signed your name with RN/LPN/CNA after your name, put your name with RN/LPN/CNA on a business card) **you are working/presenting yourself as a RN/LPN/CNA**, even if your job does not include any direct “hands-on care”.

☐ **NO** Comments: _____

☐ **YES** If yes, where did you work while your license/certification was due for renewal or lapsed/expired or inactive?

Employer: _____ Employer Phone #: _____

Address: _____

Direct Supervisor's Name: _____ Phone: _____

Direct Supervisor's /Title: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);
- (6) Form N-561, Certificate of Citizenship;
- (7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or

- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA



ARIZONA STATE BOARD OF NURSING
RENEWAL APPLICATION FOR
CERTIFIED NURSING ASSISTANT

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

FEES: Renewal Fee --- \$.00
 Certificate Fee --- \$25.00 (optional)
 Late Fee --- \$10.00 per year

☐ Certificate Requested
☐ Not Requested

EXPIRATION DATE: - -

CERTIFICATE NUMBER:

APPLICANT'S LEGAL NAME (the name you are currently certified with)

Last Name

First Name

M.I.

1. **SOCIAL SECURITY NUMBER**

- -

BIRTH DATE (month-day-year)

- -

SEX (optional)

Male Female

☐ ☐

BIRTH CITY

STATE

COUNTRY (example USA)

2. **DO YOU HAVE A NEW NAME?**

☐ No

☐ Yes

If yes, fill in your new name. **(Documentation is required)**

Last Name

First Name

M.I.

3. **HOME ADDRESS**

Street Address Line 1

Street Address Line 2

County of Residence

City

State

Zip Code

Country (example USA)

4. **MAILING ADDRESS**

(If different than Home Address)

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Country (example USA)

5. **HOME PHONE**

() -

CELL PHONE

() -





12. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? ☐ No ☐ Yes

If yes, **submit with your application a legible copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to the next page. If you are not a citizen or national of the United States, complete question 13.

13. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____



DISCIPLINARY QUESTIONS

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your certificate was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offense?

☐ No ☐ Yes

If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, **provide a written** explanation of the details of each conviction and sentence. **Return** the written explanation and court documents for each conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate or any other license or certifications you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE
PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

Remember to enclose a copy of documentation of citizenship/nationality/alien status with your application.

CNRC

Please staple all pages of the application together with documentation of citizenship or alien status and

mail to: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653

